

PARENTS/GUARDIANS:

The cost of operating the Athletic Program continues to rise each year. In an effort to help cover costs, we asked and received permission from the Education Commission to implement a **\$25.00** fee to be paid by each athlete for each sport. **If we do not receive the permission form and fee by Friday, September 23<sup>rd</sup>, the fee increases to \$35.00.** The fee will help pay league fees and replace uniforms and equipment as needed throughout the year. If you wish to pay by check, please make it payable to:

**ST. BENEDICT ATHLETIC ASSOCIATION**

The sports fee and the permission forms must be turned in before each athlete can participate.

To continue to have quality athletic programs that we have had in the past we need your help. Thank you for your support in the past and for your continued support in the future.

THE ATHLETIC DEPARTMENT

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN  
NO LATER THAN FRIDAY, SEPTEMBER 23<sup>rd</sup>**

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**5-8 GIRLS CHEERLEADING**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE/HOMEROOM \_\_\_\_\_

E-MAIL \_\_\_\_\_

I /We the parent(s) of the above named student, who is a member of St. Benedict Cheer Team, hereby give my/our approval for participation in any and all of the activities of the Cheer program during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We likewise release from responsibility any person transporting my/our child to or from the activities.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

Anyone interested in coaching, please indicate: COACH \_\_\_\_\_ ASSISTANT \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

**REVERSE SIDE OF FORM MUST BE COMPLETED**

**ST. BENEDICT SCHOOL**

**EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT**

In an Emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

or \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_  
recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstances.

Please make the following notations on my son/daughter's records:

Allergies to medications \_\_\_\_\_

Medications for long term illness or disorder (indicate illness and medications)

\_\_\_\_\_

Relevant medical information (e.g. contact lens wearer, history of family diabetes, heart murmur, other chronic condition) \_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Date \_\_\_\_\_ Grade of Athlete \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_